

POOR LEGIBILITY

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DUE TO THE QUALITY OF THE ORIGINAL

49833

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

DATE: June 6, 1984

SFUND RECORDS CTR

88036260

SUBJECT: PA Review: Electro-Test, Inc.

FROM: Nancy Lindsay
EPA, Superfund ProgramsTO: Jeff Rosenbloom
Site Screening Coordinator

I concur with the State's recommendation of "no further action" for this site.

To be complete, the PA file should contain an inspection report for the October 5, 1979 EPA inspection of the facility.

Paula -

Nancy couldn't find the above mentioned inspection report.

I Found a notice of inspection for a 10/5/79 inspection, but none of EPA's files contain the report. I spoke with Daniel Horgan - he said that the report may be ~~at~~ archived in our enforcement files in a warehouse in So. San Fran. Horgan does not think that the site warrants another inspection.

Nancy Lindsay
9/4/84

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

Preliminary Assessment Summary

Electro-Test, Inc.
3470 Fostoria Way
San Ramon, CA 94583
EPA# CAD000628339

April 1984

Preparer: Carol Sim
Toxic Substances Control Division
Program Management Section

Histroy and Problem

Electro-Test, Inc. is an independent electrical testing company. Testing and repairs result in the accumulation of hazardous wastes, primarily polychlorinated biphenyls (PCB's), which were stored on-site before disposal. Environmental Protection Agency (EPA) staff inspected the facility in June 1979 noting several minor violations of PCB storage requirements. A Notice of Non-Compliance was issued September 26, 1979. There is no documentation of a second inspection by EPA. However, a letter from Electro-Test, Inc. to EPA states that any violations have been corrected. Mr. Dick Mangum from Electro-Test indicated that the PCB storage area has not been used since August 1983 and no other wastes have been stored or disposed of on-site.

Recommendation

Because there has been no on-site disposal nor documented spills from the PCB storage area there is no apparent potential of contamination resulting from this site. No further action is recommended.

**PRELIMINARY ASSESSMENT
Region 9**

Preparer's Name Carol Sim

Date April 1984

	SOURCE	INFORMATION
1. Site ID Number	ERRIS turnaround document	CAD000628339
2. Site Name	" "	Electro-Test, Inc.
3. Site Location	" "	3470 Fostoria Way San Ramon, CA 94583
4. County	" "	Contra Costa
5. Owner (Address & telephone no.)	EPA form 3510-1	Electro-Test Inc. John H. Moore, Pres. 3470 Fostoria Way San Ramon, CA 94583 (415) 820-5666
6. Operator (Address & telephone no.)	" "	Dick Mangum, Manager 3470 Fostoria Way San Ramon, CA 94583 (415) 820-5666
7. Type of Ownership	EPA form 3510-1	Private
8. Status	EPA form 3510-1 & phone conv. w/ company staff 4/10/84	Active facility, Inactive hazardous waste storage facility
9. Source Activity	EPA form 3510-1	Electrical testing company
10. Years of Operation	4/10/84 phone conv. w/ Electro-Test staff	1971-1983 - company - PCB storage facility used for 8-19 months during 1983..
11. Facility Type	6/14/79 & 6/22/79 EPA Inspection notes	PCB storage area
12. Waste Type and Description	" "	PCB contaminated clothing, rags beads stored in 55 gallon barrels. Also unused P.C.B. oil stored onsite prior to returning it to the manufacturer.

<p>13. Contacts</p> <p>Dick Magnum Electro-Test, Inc. (415) 820-5666</p> <p>Karen Glassell EPA (415) 975-7032</p>
<p>14. Incidents</p> <p>None documented.</p> <p>Fire and Explosion ____ Direct Contact ____</p>
<p>15. Inspections (date, type, by whom, recommendations)</p> <p>6/14 & 22/79 - EPA PCB storage inspection - Noted <u>Non-Compliance with</u> PCB storage requirements</p>
<p>16. Enforcement History (list date, type of action, requirements, outcome)</p> <p>9/26/79 - EPA issued a Notice of <u>Non-Compliance</u> requiring that actions be taken to comply with <u>provisions of TSCA governing PCB storage.</u> Compliance achieved 11/8/79.</p>
<p>17.a. Initial recommendation for further action:</p> <p>Violations have been corrected and the storage facility is no longer used, therefore, no further action is recommended.</p> <p>17.b. EPA recommendation for further action:</p>
<p>18. Response Termination: <u>X</u> No Further Action ____ Pending ____ Active</p> <p>Justification: EPA's Field Investigation section feels that this site does not warrant any further action - only PCB stored on site have been removed & no storage takes place at this time.</p>

W. Most
9/29/81

	SOURCE	INFORMATION
19. Observed Release		
20. Depth to Aquifer		
21. Net Precipitation Net seas. rainfall Evaporation		
22. Permeability of Unsaturated Zone		
23. Physical State		
24. Containment (Ground Water)		
25. Toxicity		
26. Persistence		
27. Waste Quantity		
28. Ground Water Use		
29. Distance to Well		
30. Population Served (by Ground Water)		

	SOURCE	INFORMATION
31. Facility Slope		
32. 1 yr. 24 hr. rainfall		
33. Distance to Surface Water		
34. Containment (Surface Water)		
35. Surface Water Use		
36. Distance to Sensi- tive Environment		
37. Population Served (by Surface Water)		
38. Distance to Water Intake		
39. Reactivity		
40. Incompatibility		
41. Toxicity (Air)		
42. Population within 4 mile radius		
43. Land Use		

MEMO OF CALL

Name: Dick Mangum Date: 4/10/84
Firm: Electro-Test, Inc. Time: 3:00
Address: 3470 Fostoria Way
San Ramon, Ca. Person Taking or Making Call: Carol Sun

Telephone No.: (415) 820-5466

Subject: PCB storage areas

Message: Electro-Test was inspected by EPA in 1979.
Non-compliance with 40 CFR Part 761 was noted and
EPA issued notice of non-compliance & required
correction of violations. Upon reinspection, storage
area was in compliance. Electro-Test has
not used the PCB storage area since August 1983.
No other wastes are stored or disposed of on-site.

The storage area was only used for a period
of 8 to 9 months in 1983. The facility
has been operational since 1971.

MEMO OF CALL

Name: Karen Glassell Date: 4/12/84
Firm: EPA Time: 2:00 pm
Address: 215 Fremont Person Taking or Making Call: Carol Lim
San Francisco
Telephone No.: (415) 974-7032

Subject: Electro-Test, Inc.

Message: EPA has a TSCA file on the above facility
All information is "old" and this is a closed
file. The facility was inspected for compliance
with PCB storage requirements. Compliance
was achieved & no further action has
occurred.

AGENCY CONTACT RECORD

Agency	Contact	Date	Response
DOHS		3/29/84	File Contains EPA 2070-2, 3510-1 and map of facility only -ISD file at Sacramento HQ office
RWQCB		3/8/84	No file
Contra Costa Co Environmental Health	Bill Treadwell	4/2/84	No file
EPA	Karen Glassell (415) 974-7032	4/10/84	TSCA file with letter of non-compliance
Electro-Test, Inc.	Dick Mangum (415) 820-5066	4/10/84	PCB storage facility is no longer in use. Site was reinspected by EPA after initial inspection & were in compliance



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by Hq)
IX 2110

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Electro-Test, Inc.		B. STREET (or other identifier) 3470 Fostoria Way	
C. CITY San Ramon	D. STATE CA	E. ZIP CODE	F. COUNTY NAME Contra Costa
G. OWNER/OPERATOR (if known) 1. NAME		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)			K. DATE IDENTIFIED (mo., day, & yr.)
L. PRINCIPAL STATE CONTACT 1. NAME		2. TELEPHONE NUMBER	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (In acres)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg., -min., -sec.) 2. LONGITUDE (deg., -min., -sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1 UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
X	(1) PAINT, PIGMENTS	X	(1) OILY WASTES	X	(1) HALOGENATED SOLVENTS	X	(1) ACIDS	X	(1) FLYASH	X	(1) LABORATORY PHARMACEUT.
	(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL
	(3) POTW				(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL
	(5) OTHER(specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER(specify):
							(6) CYANIDE		(6) OTHER(specify):		
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER(specify)				

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FCAD000628339	
II. POLLUTANT CHARACTERISTICS		III. FACILITY NAME 18 NOV 1980		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
IV. FACILITY MAILING ADDRESS		V. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1 SKIP	ELECTRO-TEST, INC.
IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2	MANGUM, DICK, MANAGER
B. PHONE (area code & no.)	
415	820 5666
V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3	3470 FOSTORIA WAY, P.O. BOX 159
B. CITY OR TOWN	
4	SAN RAMON
C. STATE	
CA	
D. ZIP CODE	
94583	
VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5	3470 FOSTORIA WAY
B. COUNTY NAME	
CONTRA COSTA	
C. CITY OR TOWN	
6	SAN RAMON
D. STATE	
CA	
E. ZIP CODE	
94583	
F. COUNTY CODE (if known)	
213	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	7	6	2	9	(specify)	7	(specify)
ELECTRICAL-ELECTRONIC TESTING							
C. THIRD				D. FOURTH			
7	(specify)	7	(specify)				

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
ELECTRO-TEST, INC.															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)																			
F = FEDERAL					M = PUBLIC (other than federal or state)					P (specify)					A					415					820					5666				
S = STATE					O = OTHER (specify)																													
P = PRIVATE																																		

E. STREET OR P.O. BOX																								
3470 FOSTORIA WAY																								

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
BSAN RAMON															CA					94583					Is the facility located on Indian lands?				
																									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N A															9 P N A														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U N A															9 N A (specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															9 (specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

An independent electrical testing company used by government agencies, industrial manufacturing, commercial businesses and utilities for electrical and mechanical tests, power system studies, and investigative measurements. Testing and minor repair of power transformers result in the accumulation of toxic and hazardous materials for storage (transformer and capacitor liquid - PCB's) (Laboratory chemicals - TCB's, MEK's, TCE's)

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
John H. Moore, President																														11/12/80														

COMMENTS FOR OFFICIAL USE ONLY

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FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER FCAD000628339
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FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
<div><div>23</div><div>24</div><div>25</div><div>26</div><div>27</div><div>28</div><div>29</div></div>	<div><div>23</div><div>24</div><div>25</div><div>26</div><div>27</div><div>28</div><div>29</div></div>	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		<input checked="" type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
<div><div>71</div><div>YR.</div><div>MO.</div><div>DAY</div><div>73</div><div>74</div><div>75</div><div>76</div><div>77</div><div>78</div></div>		<div><div>71</div><div>YR.</div><div>MO.</div><div>DAY</div><div>73</div><div>74</div><div>75</div><div>76</div><div>77</div><div>78</div></div>	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C 1 2 13 14 15 T/A C I									
DUP									
B. PROCESS DESIGN CAPACITY									
LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT (specify)		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT		FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	400	G		7				
2	S 0 1	440	G		8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line #2 - Dry spill clean-up material awaiting shipment to land fill site.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
WCAD000628339													DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES												
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
	23	24	25	26			27	28	29	30	31	32	33	34	35	36	37	38	39	40					
1	F	0	0	1	3600	P	S	0	1										For storage awaiting shipment to incinerator						
2	F	0	0	2	1600	P	S	0	1										For storage awaiting shipment to incinerator						
3	F	0	0	5	20	P	S	0	1										For storage awaiting shipment to incinerator						
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
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20																									
21																									
22																									
23																									
24																									
25																									
26																									

N/A

[illegible]

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (*see instructions for more detail*).

VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)																	
3		7		4		7		0		3		1		2		1		5		7		5		4			
65		66		67		68		69		70		71		72		73		74		75		76		77		78	

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)												
C	N/A																										
E																15	16	55	56	58	59	61	62	63			
3. STREET OR P.O. BOX										4. CITY OR TOWN					5. ST.		6. ZIP CODE										
C											C																
F											19						16	45	15	16	30	41	42	57	58		


IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John H. Moore, President		11/12/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	D. SIGNATURE	C. DATE SIGNED
Dick Mangum, Manager		11/13/80



POTENTIAL HAZARDOUS WASTE SITE
CURRENT DISPOSITION
PART 1 - SITE STATUS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
CA 2110

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)
ELECTRO-TEST, INC.

02 STREET, ROUTE NO., OR OTHER SPECIFIC LOCATION IDENTIFIER
3470 FOSTORIA WAY

03 CITY
SAN RAMON

04 STATE 05 ZIP CODE 06 COUNTY 07 COUNTY CODE 08 CONG DIST
CA

III. CURRENT SITE STATUS

01 REPORTING DATE
1/7/82
MONTH DAY YEAR

02 TRACKING COMPLETED (Check one if applicable)

☐ A. SITE REQUIRED NO RESPONSE ☐ B. ALL GOVERNMENT FINANCED ACTIVITIES COMPLETED ☐ C. ALL PRIVATELY FINANCED ACTIVITIES COMPLETED ☒ D. SITE CLOSED

DATE CLOSED _____ DATE COMPLETED _____ DATE COMPLETED _____ DATE CLOSED 1/7/82
MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR

TOTAL COST _____

03 PENDING (Check if applicable)

☐ FURTHER RESEARCH AND ANALYSIS REQUIRED

REFERENCE _____ EXPECTED COMPLETION DATE _____
MONTH DAY YEAR

04 MONITORING (Check if applicable)

☐ SITE REQUIRES CONTINUED SURVEILLANCE/MONITORING

REFERENCE _____ SCHEDULE ☐ A. MONTHLY ☐ B. SEMI ANNUALLY
☐ C. QUARTERLY ☐ D. ANNUALLY

05 FULL FIELD INVESTIGATION (Check one if applicable)

☐ A. NEEDED ☐ B. IN PROGRESS ☐ C. COMPLETED

DATE COMPLETED _____
MONTH DAY YEAR

06 REMEDIAL RESPONSE (Check one if applicable)

☐ A. NEEDED ☐ B. IN PROGRESS ☐ C. COMPLETED

DATE COMPLETED _____
MONTH DAY YEAR

07 PLANNED REMOVAL (Check one if applicable)

☐ A. NEEDED ☐ B. IN PROGRESS ☐ C. COMPLETED

DATE COMPLETED _____
MONTH DAY YEAR

08 IMMEDIATE REMOVAL (Check one if applicable)

☐ B. IN PROGRESS ☐ C. COMPLETED

DATE COMPLETED _____
MONTH DAY YEAR

09 RESPONSIBLE PARTIES (Check if applicable)

☐ RESPONSE/REMOVAL ACTIVITIES UNDER CONTROL OF RESPONSIBLE PARTIES

10 ENFORCEMENT (Privately financed removal/response activities linked to enforcement are carried in the Enforcement Docket System)

☒ A. ADMINISTRATIVE ORDER ISSUED ☐ B. CIVIL/CRIMINAL LITIGATION FILED

DATE ISSUED 9/26/79 DATE FILED _____
MONTH DAY YEAR MONTH DAY YEAR

COMPLIANCE DATE 11/8/79 WHERE FILED _____
MONTH DAY YEAR (Judicial District)

JUDGEMENT/SETTLEMENT DATE _____
MONTH DAY YEAR

IV. SITE RANKING

01 SITE RANKING AVAILABLE (Check one)

☐ A. YES RANKING: _____ ☐ B. NO ☐ C. PLANNED ☐ D. UNNECESSARY ☐ E. UNKNOWN

02 STATE PRIORITY _____

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

REGION 9 TSCA FILE "ELECTRO-TEST"

VI. INFORMATION AVAILABLE FROM

01 PREPARED BY
PAUL BLAIS

02 AGENCY
EPA

03 ORGANIZATION
AHMD

04 TELEPHONE NO.
1415 974-8239

05 DATE
1/7/82
MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE
CURRENT DISPOSITION

PART 2 - GOVERNMENT FINANCED RESPONSE/REMOVAL ACTIVITIES

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. RESPONSE/REMOVAL ACTIVITIES

01 TYPE OF ACTIVITY (Check one) <input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL					02 RESPONSE/REMOVAL ACTIVITY				
03 LEAD AGENCY					04 PARTICIPATING AGENCIES				
05 START DATE ____/____/____ MONTH DAY YEAR		06 EST. COMP. DATE ____/____/____ MONTH DAY YEAR		07 ACTUAL COMP. DATE ____/____/____ MONTH DAY YEAR		08 ESTIMATED COST		09 ACTUAL COST	
10 SOURCES OF FUNDING A. SOURCE _____ AMOUNT _____ B. SOURCE _____ AMOUNT _____									
11 NARRATIVE DESCRIPTION									
12 SOURCE OF INFORMATION									
01 TYPE OF ACTIVITY (Check one) <input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL					02 RESPONSE/REMOVAL ACTIVITY				
03 LEAD AGENCY					04 PARTICIPATING AGENCIES				
05 START DATE ____/____/____ MONTH DAY YEAR		06 EST. COMP. DATE ____/____/____ MONTH DAY YEAR		07 ACTUAL COMP. DATE ____/____/____ MONTH DAY YEAR		08 ESTIMATED COST		09 ACTUAL COST	
10 SOURCES OF FUNDING A. SOURCE _____ AMOUNT _____ B. SOURCE _____ AMOUNT _____									
11 NARRATIVE DESCRIPTION									
12 SOURCE OF INFORMATION									
01 TYPE OF ACTIVITY (Check one) <input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL					02 RESPONSE/REMOVAL ACTIVITY				
03 LEAD AGENCY					04 PARTICIPATING AGENCIES				
05 START DATE ____/____/____ MONTH DAY YEAR		06 EST. COMP. DATE ____/____/____ MONTH DAY YEAR		07 ACTUAL COMP. DATE ____/____/____ MONTH DAY YEAR		08 ESTIMATED COST		09 ACTUAL COST	
10 SOURCES OF FUNDING A. SOURCE _____ AMOUNT _____ B. SOURCE _____ AMOUNT _____									
11 NARRATIVE DESCRIPTION									
12 SOURCE OF INFORMATION									
01 TYPE OF ACTIVITY (Check one) <input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL					02 RESPONSE/REMOVAL ACTIVITY				
03 LEAD AGENCY					04 PARTICIPATING AGENCIES				
05 START DATE ____/____/____ MONTH DAY YEAR		06 EST. COMP. DATE ____/____/____ MONTH DAY YEAR		07 ACTUAL COMP. DATE ____/____/____ MONTH DAY YEAR		08 ESTIMATED COST		09 ACTUAL COST	
10 SOURCES OF FUNDING A. SOURCE _____ AMOUNT _____ B. SOURCE _____ AMOUNT _____									
11 NARRATIVE DESCRIPTION									
12 SOURCE OF INFORMATION									



POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

2110

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

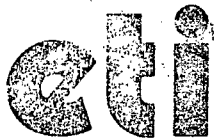
SITE NAME *Electro-Test, Inc.**3470 Fosteria Way*CITY *San Ramon*STATE *CA*

ZIP CODE

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

*PCB storage facility not in compliance with
40 CFR Part 761*

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)	
1. IDENTIFICATION OF POTENTIAL PROBLEM	<i>6-14-79</i>	<i>EPA</i>	<i>Keith Takata</i>	<i>12-20-79</i>	
2. PRELIMINARY ASSESSMENT					
APPARENT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION					
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED					
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED					
6. STRATEGY COMPLETED					



electro-test inc.

3470 FOSTORIA WAY, P.O. BOX 159,

An Independent Testing Service for Electrical Power Systems and Equipment

SAN RAMON, CALIFORNIA 94583

Phone 415/820-1111

STATE OF CALIFORNIA
REGION 3
COMM CONTR

Nov 13 11 43 AM '79
LICENSE NO 784161

November 8, 1979

Mr. Clyde B. Eller, Director
Enforcement Division
U. S. Environmental Protection Agency
Region IX
215 Fremont Street
San Francisco, CA 94105

Dear Mr. Eller:

The following is in response to your letter of September 26, 1979, titled "Notice of Noncompliance."

- ITEM 1. Correct.
- ITEM 2. Correct.
- ITEM 3. A concrete vault with a containment capacity of 5.5 cubic meters was installed on July 2, 1979, and a request to your office for inspection was made on July 3, 1979. This inspection was finally made on October 5, 1979.
- ITEM 4. Correct.
- ITEM 5. The interim storage containers were dated at the time they were placed into the containment area on July 2, 1979, and all additional containers are dated as they are stored.
- ITEM 6. Correct.

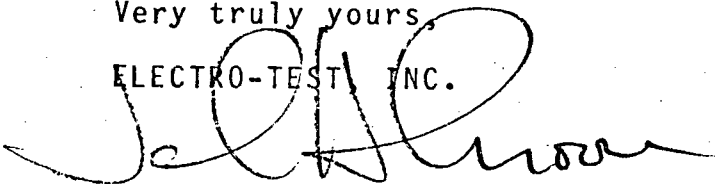
Mr. Clyde B. Eller, Director
EPA
November 8, 1979
Page 2

ITEM 7. The containment area is marked as shown in
40 CFR 761.44(a) of Annex V, with a log showing
the dates of storage.

The above should bring our company in complete compliance
with Section 15 of TSCA. Please feel free to reinspect our
facility at any time.

Very truly yours,

ELECTRO-TEST, INC.



John H. Moore
President

JHM/jek

cc: Dick Mangum - E.T.I. Lab.
Keith Takata - E.P.A.

PCB INSPECTION RECORD

Date(s) of Inspection 6/14/79 and 6/22/79
 Name and Address of Facility: (Two Separate Investigations)

Electro-Test, Inc.
3470 Fosteria Way
San Ramon, CA

Agenda for Inspection:

Arrival at Facility: 11:30 AM Met with John H. Moore
who showed us the current and planned storage areas
at the site, and explained their procedures to us. On 6/22,

Dick Mangum showed the inspectors ^{the} Facility PCB records and two additional drums of ashware.
Departure from Facility: 6/22, 2:45 PM

Facility Representative(s)	Title	Phone
<u>John H. Moore</u>	<u>President</u>	<u>820-5666</u>
<u>Dick Mangum</u>	<u>Manager - Lab. Services</u>	<u>" "</u>

Responsible Official	Title	Phone
<u>John H. Moore</u>	<u>President</u>	<u>" "</u>

Inspector(s)	Agency	Date(s)
<u>Peter Van Patten</u>	<u>EPA</u>	<u>6/14/79 and 6/22</u>
<u>Daniel Horgan</u>	<u>EPA</u>	<u>6/14 and 6/22/79</u>
<u>Minnie Loo and Lyn Baker</u>	<u>EPA-observers</u>	<u>6/22/79</u>

Background of (or reasons for) Inspection:

This facility is on Gerry Garm's priority list for
PCB inspections. They do business making PCB transformers
with several of the area's larger utilities, including
oil analysis and startup testing and operations. See
company literature in PCB inspection file for further
information.

Use of Common PCB Articles:

Does the facility use large capacitors?

YES ___ NO ☒ N/A ___ C/A ___

Does the facility use PCB transformers?

(If yes, characterize below)

YES ___ NO ☒ N/A ___ C/A ___

However, they do work on PCB transformers.

Does the facility contain other PCBs, PCB equipment (e.g., electromagnets, electric motors, hydraulic systems, heat transfer systems, compressors), or containers of PCBs or PCB mixtures?

YES ☒ NO ___ N/A ___ C/A ___

(If yes, characterize below)

Description of Above:

Facility has approx. 7 55 gallon PCB containers with contaminated clothing, rags, beads, etc. contained within. They also have drums of pure ashorel that have been used to "top off" transformers. They are planning to send the pure ashorel back to Monsanto for incineration (see enclosed Monsanto disposal labels). In addition, they have a small plastic garbage can (5 gallon) containing REQUIREMENT FOR RECORDS: PCB-contaminated material.

If the answer to a, b, or c below is yes, Records are required:

As of July 2, 1978, did facility contain in service, stored for future use, or stored for disposal:

a. 50 or more large high or low voltage capacitors?

YES ___ NO ☒ N/A* ___ C/A** ___

b. 1 or more PCB transformers?

YES ___ NO ☒ N/A ___ C/A ___

c. 45 kgs (99.4 lbs) or more PCB chemical

substances or PCB mixtures?

YES ☒ NO ___ N/A ___ C/A ___

Is a PCB Facility Annual Report in preparation or on file?

YES ___ NO ___ N.A. ___ C.A. ☒

Comments: We understand they do have records, but these were unavailable because of the absence of one of their employees (who has responsibility for them). However, once they dispose of their pure ashorel, they may not be exempt from the records requirement because they will possibly have less than 145 lbs. of PCBs.

*not applicable

**comments attached

On-site PCB LEAKS, SPILLS and/or SAMPLES:

Were there observations of leaks or spills or any signs of improper disposal of PCB substances or mixtures?

(If yes, document)

YES___ NO ☒ N/A___ C/A___

Was there any indication that waterways in the vicinity have been contaminated by spills, leaks, or improper disposal?

(If yes, document)

YES___ NO ☒ N/A___ C/A___

Were samples collected for analysis of PCB residual concentration?

YES___ NO ☒ N/A___ C/A___

Description, where applicable:

Their storage area was clearly not in compliance (see photos). They do plan to build an adequate storage area "within a few weeks" in another location within the building. Some PCB labels were applied to the PCB containers during the first inspection (see photos). On the second visit, Dizzi Mangum said that the drums of pure ashorel were used to accept ^{many} PCB lab samples and "used" ashorel from one (GSA) transformer. It is not clear where the second and third drum of ashorel were during the first visit. ~~Locations of above:~~ In addition, these two drums were not properly marked at the time of the second inspection. Most of the original PCB containers had been shipped to the disposal area at the time of the second inspection. Two unapproved (plastic) PCB containers, that had contained rags and contaminated clothing at the time of the first visit, were empty at the time of the second visit.

Statement by a Facility Official or Representative concerning a leak, spill, or other PCB storage, handling, or disposal activity:

Signature _____ Date _____

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

DATE: 5 JUL 1979

SUBJECT: PCB Inspection of Electro-Test, Inc.

FROM: Peter Van Patten

TO: Bob Kaneshiro

Potential Violations:

Marking:

- 1) Failure to properly mark PCB containers in the designated PCB storage (for disposal) area.

Comment: Labels were put on these containers during the inspection (see photos).

- 2) Failure to mark the PCB storage area with the ML label.

Storage:

- 1) Failure to provide continuous curbing at least six inches high around the perimeter of the storage for disposal area (see photo).
- 2) Use of a PCB container (small plastic grabage can) that does not meet DOT specifications (see photo).
- 3) Failure to date PCB containers in the storage for disposal area, so that the PCB containers can be located by the date they entered storage.

UNITED STATES GOVERNMENT

2-Way Memo

Subject : Recommendation for Enforcement Action Under TSCA

To : Dave Mowday, E-3
Chief, Air/Hazardous Materials Br.
Enforcement Division

INSTRUCTIONS

Use routing symbols whenever possible.

SENDER:

Use brief, informal language.
Conserve space.
Forward original and one copy.

RECEIVER:

Reply below the message, keep one copy, return one copy.

DATE OF MESSAGE

Routing Symbol

July 6, 1979

SIGNATURE OF ORIGINATOR

Bob Kaneshiro

TITLE OF ORIGINATOR

Chief, Haz. Materials Sec.
AHM Br., S&A Division

FOLD

INITIAL MESSAGE

FOLD

We recommend that enforcement action be initiated against Electro-Test, Inc., San Ramon, California for violations of the PCB marking and storage requirements under TSCA.

The suspected violations are listed on the memo of July 5, 1979 from Peter Van Patten to Bob Kaneshiro.

The inspectional file is attached.

REPLY MESSAGE

From : R, Michael Stenburg, Chief
Air & Hazardous Materials Branch
Surveillance & Analysis Division *ms*

DATE OF REPLY

Routing Symbol

SIGNATURE OF REPLIER

TITLE OF REPLIER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

DATE: September 13, 1979
SUBJECT: Electro-Test, Inc.

FROM: Keith Takata Keith Takata

TO: File

A Notice of Noncompliance is the appropriate level of enforcement action for the following reasons:

1. The old PCB regulations were effective on April 18, 1978 and substantially amended by the new PCB regulations which were effective on July 2, 1979. The inspection was conducted under the old PCB regulations on June 14 and 22, 1979.
2. The requirements of the old PCB regulations apply to PCB's of 500 ppm or greater. No samples were collected at Electro-Test, Inc. PTSED will not concur in a civil complaint without a sample showing 500 ppm PCB's.
3. PCB containers were properly marked during the inspection.
4. Because the inspector was not able to review the records, there is no evidence of a records violation.
5. Electro-Test, Inc. will be reinspected at a later date.

PTSED concurrence is not required for Notices of Noncompliance.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Environmental Protection Agency
Region IX
215 Fremont St.
San Francisco, Ca. 94108

NOTICE OF NONCOMPLIANCE

CERTIFIED MAIL NO. 552103
RETURN RECEIPT REQUESTED

In Reply E-3-3
Refer to: ENF 7

John H. Moore, President
Electro-Test, Inc.
3470 Fostoria Way
San Ramon, CA 94583

SEP 26 1979

Dear Mr. Moore:

The United States Environmental Protection Agency (EPA), Region IX, has reason to believe that Electro-Test, Inc. has violated Section 15 of the Toxic Substances Control Act (TSCA), 15 USC 2601 et seq., as follows:

1. On June 14 and 22, 1979, Electro-Test, Inc. operated a facility used for the storage of PCB's, which were designated for disposal, at or near 3470 Fostoria Way, San Ramon, California.
2. 40 CFR 761.42(b)(1)(ii) of Annex III states that facilities used for the storage of PCB's shall have an adequate floor which has continuous curbing with a minimum six inch high curb.
3. The PCB storage facility operated by Electro-Test, Inc. did not have a floor and curbing in violation of 40 CFR 761.42(b)(1)(ii) of Annex III and 15 USC 2614(1)(C).
4. 40 CFR 761.42(c)(7) of Annex III states that PCB containers shall be dated when they are placed in storage.
5. PCB containers, which Electro-Test, Inc. had placed in its PCB storage facility, were not dated in violation of 40 CFR 761.42(c)(7) of Annex III and 15 USC 2614(1)(C).

E-3-3
Tahata
9-13-79

CONCURRENCES

SYMBOL	E-3-3							
SURNAME	RAY JR ECHOVMAA	DM	BAILEY					
DATE	9-17-79	9/25/79	9-26-79					

6. 40 CFR 761.20(a)(1)(x) states that each storage area used to store PCB's for disposal shall be marked as illustrated in Figure 1 in 40 CFR 761.44(a) of Annex V.
7. The PCB storage facility operated by Electro-Test, Inc. was not marked in violation of 40 CFR 761.20(a)(1)(x) and 15 USC 2614(1)(C).

Actions should be taken to comply with the provisions of TSCA and the regulations promulgated under TSCA. Electro-Test, Inc. will be reinspected at a later date. Future violations may result in the assessment of civil or criminal penalties under Section 16 of TSCA or specific enforcement or seizure under Section 17 of TSCA.

If you have any questions, please contact Keith Takata, EPA, Region IX, 215 Fremont Street, San Francisco, California 94105, telephone number (415)556-8008.

Sincerely yours,

ORIGINAL SIGNED BY:
CLYDE ELLER

CBE 9/25
Clyde B. Eller
Director
Enforcement Division

bc: PTSED (EN-342)
S-2-2
E-3-3
A-3-2

Reading file/Com. Center
E-3-3:KTakata:jd:x8008
9/12(3):9385,320227

265 52

PS Form 3811, Aug. 1978

No. 552103

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Electro-Test, Inc.
STREET AND NO.
3470 Fosteria Way
P.O., STATE AND ZIP CODE
San Ramon, CA 94583

POSTAGE \$

CERTIFIED FEE \$

SPECIAL DELIVERY \$

RESTRICTED DELIVERY \$

OPTIONAL SERVICES

RETURN RECEIPT SERVICE

SHOW TO WHOM AND DATE DELIVERED \$

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY \$

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY \$

SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY \$

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE

SEP 26 1979

PS Form 3811, Aug. 1978

1. TYPE OF MAIL
☒ CERTIFIED MAIL
☐ REGISTERED MAIL
☐ RETURN RECEIPT MAIL

2. ART. NO.
E-3-3
3470
San

3. ART. REGIS

4. I have SIGNED

5. ADD

6. UNA

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

TAKATA

714/744 P STREET
SACRAMENTO, CA 95814



Effective Date: December 11, 1981

Operator: Electro-Test, Inc.
3470 Fostoria Way
P.O. Box 159
San Ramon, CA 94583

Pursuant to Section 25200.5 of the California Health and Safety Code, this Interim Status Document is hereby granted to Electro-Test, Inc. subject to the conditions set forth in Attachment A which by this reference is incorporated herein.

Peter A. Rogers

Peter A. Rogers, Acting Chief
Hazardous Waste Management Branch

RECEIVING AREA

PCB
STORAGE
PCB

EQUIPMENT

R GOODS AREA
TESTING

CALIBRATION
LAB

INSTRUMENT
LAB

SHOP AREA

ERING

OFFICE

CHEMICAL
LAB

LADIES

D TEST GROUP

ACCOUNTING

MEETING
ROOM

MEN

STORAGE

ENTRANCE

added to Erris file by N.H. 9/4/84



U.S. ENVIRONMENTAL PROTECTION AGENCY

TOXIC SUBSTANCES CONTROL ACT

NOTICE OF INSPECTION

DRESS (EPA Regional Office)
Pesticide Section, S-2-2
EPA, 215 Fremont Street
San Francisco, CA 94105

DATE 10/5/79 HOUR 10:20 A.M.
P.M.

NAME OF INDIVIDUAL Dick Morgan	TITLE
FIRM NAME Electro Test, Inc	FIRM ADDRESS (Number, Street, City, State and Zip Code) 3470 Foster Ave San Ramon, CA 94583
SIGNATURE OF EPA EMPLOYEE <i>[Signature]</i>	TITLE Consumer Safety Officer

REASON FOR INSPECTION

☒ For the purpose of inspecting (including taking samples, photographs and other inspection activities) an establishment, facility, or other premises in which chemical substances or mixtures or articles containing same are manufactured, processed or stored, or held before or after their distribution in commerce (including records, files, papers, processes, controls, and facilities) bearing on whether the requirements of the Act applicable to the chemical substances, mixtures or articles within or associated with such premises have been complied with.

☐ For the purpose of inspecting (including taking samples, photographs and other inspection activities) a conveyance being used to transport chemical substances, mixtures, or articles containing same in connection with their distribution in commerce (including records, files, papers, processes, controls and facilities) bearing on whether the requirements of the Act applicable to the chemical substances, mixtures or articles within or associated with the conveyance have been complied with.

☐ In addition, this inspection extends to (circle appropriate letters):

- A) Financial data
- B) Sales data
- C) Pricing data
- D) Personnel data
- E) Research data

The nature and extent of inspection of such data specified in A through E above is as follows:

Distribution: one copy Plant Manager
one copy Inspector

Inspection authority is explained on the reverse side.

Authority to Conduct Inspections

By authority of Section 11 of the Toxic Substances Control Act (15 USC 2601) an authorized representative of the Administrator of the United States Environmental Protection Agency may enter and inspect, at reasonable times, any establishment facility, or other premises in which chemical substances or mixtures are manufactured, processed, stored, or held before or after their distribution in commerce and any conveyance used to transport chemical substances, mixtures, or such articles in connection with distribution in commerce.

Scope of Inspections

Inspections conducted under Section 11 of the Toxic Substances Control Act (15 USC 2601) extend to all things within the premises or conveyance inspected (including records, files, papers, processes, controls, and facilities) bearing upon whether the requirements of the Toxic Substances Control Act applicable to the chemical substances or mixtures within the premises or conveyance have been complied with.

However, inspections shall not extend to the following types of data unless the nature and extent of such data are described with reasonable specificity in the written notice presented to the owner, operator, or agent in charge of the premises or conveyance:

1. financial data
2. sales data (other than shipment data)
3. pricing data
4. research data (other than research data required by the provisions of the Toxic Substances Control Act or under a rule promulgated thereunder)
5. personnel data.

Penalties for Failure to Allow Inspection

Section 15 of the Toxic Substances Control Act makes it unlawful for any person to fail or refuse to permit entry or inspection as required by Section 11 or to fail or refuse to permit access to or copying of records. Section 16 provides for both civil and criminal penalties for violations of Section 15. Section 17 authorizes specific enforcement, including the obtaining of an injunction to restrain any violations of Section 15.

State of California
California Administrative Code

Title 22. Social Security

Division 4. Environmental Health

TITLE 22

ENVIRONMENTAL HEALTH

§ 66685

(Register 79, No. 19—5-12-79)

(p. 1800.13)

beta-Naphthylamine, 2-NA (T)
Nickel arsenate, Nickelous arsenate (T)
Nickel carbonyl, Nickel tetracarbonyl (T)
Nickel cyanide (T)
4-Nitrobiphenyl, 4-NBP (T)
Nitrophenol (ortho,meta,para) (T)
N-Nitrosodimethylamine, Dimethyl nitrosoamine (T)
Oxygen difluoride (T,C,P)
Para-oxon, MINTACOL; O,O-Diethyl-O-para-nitrophenyl phosphate (T)
Parathion;O,O-Diethyl-O-para-nitrophenyl phosphorothioate (T)
Perchloromethyl mercaptan, Trichloromethylsulfenyl chloride (T,I)
Phenyldichloroarsine (T,I)
Phenylphenol, Orthozenol, DOWICIDE I (T)
Phorate, THIMET; O,O-Diethyl-S-(ethylthio)methyl phosphorodithioate (T)
Phosfolan, CYOLAN, 2-(Diethoxyphosphinylimino)-1,3-dithiolane (T)
Phosgene, Carbonyl chloride (T,I)
Phosphamidon, DIMECRON, 2-chloro-2-diethylcarbamoyl-1-methylvinyl dimethyl phosphate (T)
Phosphine, Hydrogen phosphide (T,I)
Phosphorus (white or yellow) (T,F,P)
Phosphorus oxychloride, Phosphoryl chloride (T,C)
Phosphorus pentachloride, Phosphoric chloride (T,C,F,P)
Phosphorus trichloride (T,C,P)
Polychlorinated biphenyls, PCB, Askarel, AROCLOR, CHLOREXTOL, INERTEEN, PYRANOL (T,I)
POTASAN; O,O-Diethyl-O-(4-methylumbelliferone) phosphorothioate (T)
Potassium arsenate (T,I)
Potassium arsenite (T,I)
Potassium bifluoride, Potassium acid fluoride (T,C)
Potassium cyanide (T)
Propargyl bromide, 3-Bromo-1-propyne (T,I,F)
beta-Propiolactone, BPL (T,I)
Prothoate, FOSTION, FAC; O,O-Diethyl-S-carboethoxyethyl phosphorodithioate (T)
Quinone; 1,4-Benzoquinone (T,I)
Schradan, Actamethyl pyrophosphoramidate, OMPA (T)
Selenium fluoride (T)
Selenous acid, Selenious acid and salts (T)
Sodium arsenate (T)
Sodium arsenite (T)
Sodium bifluoride, Sodium acid fluoride (T,C)
Sodium cacodylate, Sodium dimethylarsenate (T)
Sodium cyanide (T)
Sodium selenate (T)
Strontium arsenate (T)
Strychnine and salts (T)
Sulfotepp, DITHIONE, BLADAFUM, Tetraethyl dithiopyrophosphate (T)
Sulfur pentafluoride (T,C)

Chapter 30. Minimum Standards for Management of
Hazardous and Extremely Hazardous Wastes



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Department of Health Services

Distributed by
State of California
DOCUMENTS SECTION
P.O. Box 1015
North Highlands, CA 95660

SUPRACIDE, ULTRACIDE, S-[(5-Methoxy-2-oxo-1,3,4-thiadiazol-3(2H)-yl)methyl]-O,O-dimethyl phosphorodithioate (T)
 Tellurium hexafluoride (T,C)
 TELODRIN, Isobenzan; 1,3,4,5,6,7,8,8-Octachloro-1,3,3a,4,7,7a,-hexahydro-4,7-methanoisobenzofuran (T)
 TEMIK, Aldicarb, 2-Methyl-2-(methylthio) propionaldehyde-O-(methylcarbamoyl)oxime (T)
 2,3,7,8-Tetrachlorodibenzo-para-dioxin, TCDD, Dioxin (T)
 Tetraethyl dithionopyrophosphate, TEDP (T)
 Tetraethyl lead, TEL, and other organic lead (T,F)
 Tetraethyl pyrophosphate, TEPP (T)
 Tetramethyl lead, TML (T,F)
 Tetramethyl succinonitrile (T)
 Tetranitromethane (T,F,P)
 Tetrasul, ANIMERT V-101, S-para-Chlorophenyl-2,4,5-trichlorophenyl sulfide (T)
 Thallium (T)
 Thallium compounds (T)
 Thallous sulfate, Thallium sulfate, RATOX (T)
 Thionazin, ZINOPHOS; O,O-Tetramethylthiuram monosulfide (T)
 Toluene-2,4-diisocyanate, TDI (T,I,S,P)
 TRANID, exo-3-Chloro-endo-6-cyano-2-norbornanone-O-(methylcarbamoyl) oxime (T)
 tris(1-Aziridinyl) phosphine oxide, Triethylenephosphoramidate, TEPA (T,I)
 Vinyl chloride (T,I,F)
 WEPSYN 155, WP 155, Triamiphos, para-(5-Amino-3-phenyl-1H-1,2,4-triazol-1-yl)-N,N,N',N'-tetramethyl phosphonic diamide (T)
 Zinc arsenate (T)
 Zinc arsenite (T)
 Zinc cyanide (T)
 Zinc phosphide (T,F)

Article 12. Recyclable Hazardous Wastes

66763. Recyclable Hazardous Waste Disposal Statement

(a) Within 180 days of the disposal of a recyclable hazardous waste of a type listed in Section 66796, the Department may request the producer of such waste to provide the Department with a written statement justifying having not recycled the waste. A person requested to provide such a statement shall comply within 30 days of the Department's written request. If the request is made of an entity specified in Section 66160 other than an individual, the statement shall be issued by the responsible management of that entity.

(b) The Department's request for a statement from the waste producer pursuant to subsection (a) above shall cite a special property or component of the waste and a possible use or method of reclamation on the basis of which the Department considers that the waste might feasibly be recycled.

(c) The statement from the waste producer justifying having not recycled a hazardous waste pursuant to subsection (a) above shall include, but need not be limited to, the following:

(1) The general description, source, chemical composition, physical state, and amount of the waste.